

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			Page 1 of 2						
1. REQUEST NO.		2. DATE ISSUED 12/09/2014		3. REQUISITION/PURCHASE REQUEST NO. PR3801915		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input type="checkbox"/>		RATING			
5a. ISSUED BY AMERICAN EMBASSY CHISINAU STRADA ALEXEI MATEEVICI #103, ATTN: GSO CHISINAU 2009					6. DELIVER BY (Date) 12/18/2014						
5b. FOR INFORMATION CALL (NO COLLECT CALLS)					7. DELIVERY _ FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)						
NAME Silvia Sicorschi			TELEPHONE NUMBER +37322408300		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY CHISINAU						
8. TO: a. NAME N/A					b. COMPANY NOVENDOR		b. STREET ADDRESS STRADA ALEXEI MATEEVICI #103, ATTN: GSO				
c. STREET ADDRESS					c. CITY CHISINAU						
d. CITY			e. STATE		f. ZIP CODE		d. STATE		e. ZIP CODE 2009		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 12/18/2014				IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.							
11. SCHEDULE (Include applicable Federal, State and local taxes)											
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)		AMOUNT (f)			
	SEE LINE ITEMS										
12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>				a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)		d. CALENDAR DAYS	
										NUMBER PERCENTAGE	
NOTE: Additional provisions and representations [] are [] are not attached.											
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			15. DATE OF QUOTATION			
a. NAME OF QUOTER											
STREET ADDRESS					16. SIGNER						
c. COUNTY					a. NAME (Type or print)			b. TELEPHONE			
								AREA CODE			
d. CITY		e. STATE		f. ZIP CODE		c. TITLE (Type or print)			NUMBER		

11. SCHEDULE <i>(Include applicable Federal, State and local taxes)</i>					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Request for bidding a new contract for travel services. Please see the attachment for required services description. Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00